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Department of Children and Family Services

A Profile of Youth in the Los Angeles County Delinquency Prevention Pilot

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EXECUTIVE SUMMARY

Children who experience maltreatment are more likely than other children to be arrested and/or referred to juvenile court for delinquent offenses. They are also more likely to commit offenses as adults. Abused and/or neglected children are more likely to become delinquent at a younger age and more likely to commit a violent offense.

In 2010, key Los Angeles County Department of Children and Family Services (DCFS) staff members involved in Los Angeles County's crossover project, along with staff from the county's probation department, asked the NCCD Children's Research Center (CRC) to determine whether it was possible to develop an actuarial screening assessment to classify children receiving ongoing child welfare services by their likelihood of subsequent delinquency.¹ The impetus for the study was the county's desire to target delinquency prevention services to the highest-risk children in an effort to stem the flow of children from child welfare into the juvenile justice system.

CRC completed the research study in September 2011 and provided DCFS with a screening assessment that could validly classify children receiving ongoing services into three distinct groups (low, moderate, and high risk) based on their likelihood of becoming involved with the juvenile justice system in the future. The assessment allows DCFS to screen children at the time of a new case opening in order to triage delinquency prevention resources and provide more targeted and intensive services to youth at the highest risk of delinquency.

To evaluate the effectiveness of the delinquency screening assessment and associated delinquency prevention services, DCFS launched a pilot initiative in four offices (Compton, Glendora, Palmdale, and South County) in October 2012.² Managers in the pilot sites receive weekly email alerts that inform them which children served by their offices are at high risk of subsequent delinquency. Managers share the information with staff so that workers assigned to the case can provide specialized and intensive delinquency prevention services to youth who meet criteria and have mental health, substance abuse, delinquency (past issues that did not rise to the level of an arrest or probation), and/or educational needs.

This report is a profile of youth assigned to the delinquency prevention pilot (DPP) in four offices, including a profile of family and youth risk characteristics, youth strengths and needs, and the strengths and needs of youth's families. It is the first report to examine characteristics of DPP youth.

There were 93 youth who met eligibility criteria and participated in the DPP during the report period. About one quarter of the youth were assigned to each of the four pilot offices. Twenty-two (23.7%) youth were ages 10 to 12 at the start of delinquency prevention services, 28 (30.1%) were age 13 or 14, and 43 (46.2%) youth were age 15 or older. About 40% of youth were in out-of-home placement at the start of delinquency prevention services. Nearly all children had a history with child welfare. Most youth were experiencing problems with family relationships, had educational deficits, and/or exhibited emotional or behavioral limitations. In addition, parenting skills in more than two thirds of families were inadequate or destructive, and caregivers in about half of families were struggling with

¹ Maryam Fatemi, Deputy Director, and Dick SantaCruz, CSA III, Service Bureau 3, both of DCFS, provided the critical leadership for this study.

² Between completion of the research study and the launch of the pilot, Casey Family Programs funded the collaborative work between CRC and DCFS staff required to design the delinquency prevention pilot protocols, data gathering mechanisms, training materials, and evaluative framework.

mental health issues. Most youth's families were at high or very high risk of becoming involved with child protective services in the future.

CRC also reviewed baseline data collected in the DPP database and in CWS/CMS. At the time of service provision, few children had been linked to a mentor and about one-fourth had been linked to a significant adult. Data related to attendance/enrollment, suspensions, high school credits earned, and grade level were missing or not recorded in the DPP database or CWS/CMS for more than half of the youth in the pilot.

While conducting analyses for the profile report, CRC identified several key issues and recommendations.

- The number of youth in the DPP database did not match the number of eligible youth for whom an alert was created. The county should carefully monitor the number of youth assigned to the program to ensure that all eligible youth are enrolled. In addition, all youth for whom the county receives an alert should be placed in the DCFS database; if the youth is no longer eligible for participation, the supervising children's social worker or children's social worker should note the reason in the comments section.
- Baseline data were missing for many youth in the pilot. The county should establish reliable data-recording processes and procedures to ensure that data are systematically collected and entered into CWS/CMS and the Excel spreadsheet.
- Examination of delinquency screening criteria identified an issue with the formula used to generate alerts, which resulted in some youth receiving a high-risk classification when the youth should have been classified as moderate risk.³ CRC will provide a list of all DPP youth whose risk levels were affected by the prior history over-count prior to the April correction. The DPP team should determine whether to continue delinquency prevention services and outcome tracking for the affected youth.

Future efforts should focus on conducting a process and impact evaluation of this pilot to determine whether the DPP process was implemented with fidelity, including gathering outcome data and whether the pilot initiative improved outcomes for children and their families. The evaluation should also include a screening assessment validation to help ensure that it accurately classifies children served by DCFS by their likelihood of future delinquency.

³ The formula was corrected at the beginning of April 2013.

I. INTRODUCTION

Children who experience maltreatment are more likely than other children to be arrested and/or referred for delinquent offenses (English, 1998; Fagan, 2005; Jonson-Reid & Barth, 2000; Kaufman & Widom, 1999; Lemmon, 1999; Swanston, Parkinson, O'Toole, Plunkett, Shrimpton, & Oates, 2003; US Department of Justice, Office of Justice Programs, 2001). Children who have experienced maltreatment are also more likely to commit offenses as adults (English, Widom, & Brandford, 2002; Fagan, 2005; Mersky & Topitzes, 2010). A National Institute of Justice (NIJ) study showed that maltreated children were 11 times more likely than a matched control group to be arrested and 2.7 times more likely to be arrested as an adult (English, Widom, & Brandford, 2004). Abused and/or neglected children are more likely to become delinquent at a younger age (Lemmon, 1999; Ryan, Herz, Hernandez, & Marshall, 2007) and more likely to commit a violent offense (English, 1998; English et al., 2002; Kelley, Thornberry, & Smith, 1997; US Department of Justice, Office of Justice Programs, 2001; Widom, 1996). In addition, children who were chronically maltreated are more likely to be delinquent than children who experienced only one or two incidents of maltreatment (Ryan & Testa, 2005; Stewart, Livingston, & Denison, 2008).

Entering the juvenile justice system may be especially harmful for youth who experience maltreatment. Even after controlling for age at first offense, maltreated youth are more likely than other youth to be sentenced to a correctional facility or other suitable placement as opposed to probation (Ryan et al., 2007). Thus, once they become delinquent, maltreated youth tend to be more deeply entrenched in the juvenile justice system.

Previously maltreated youth who enter the juvenile justice system often have severe treatment needs and may pose an elevated risk to public safety. For public agencies, such problems are extremely costly. A child may be initially identified in a child abuse/neglect investigation and then migrate through an entire spectrum of public agencies including foster care, juvenile justice, income

maintenance, and adult corrections (Colman, Mitchell-Herzfeld, Han Kim, & Shady, 2010; Pecora, Kessler, O'Brien, White, & Williams, 2006). The large public and human costs of youth progressing through each of these service systems are compelling reasons to explore early interventions to break this cycle.

Although children who experience maltreatment are more likely than other children to become delinquent, not all maltreated children commit delinquent offenses. Examining which maltreated children become delinquent and the factors related to subsequent delinquency can help agencies target intervention efforts for children at greatest risk.

In response to these issues, a number of jurisdictions, including Los Angeles County, developed strategies to identify youth involved concurrently in child welfare and juvenile justice systems. These dual-jurisdiction cases are often called crossover youth. Once youth are identified, staff from both child welfare and juvenile justice collaborate to strengthen and focus case planning for the youth and their families. Efforts to better serve these youth include more systematic screening and assessment of youth needs and strengths; more effective case management, with multidisciplinary teams consulting on treatment plans; and effective supervision of case progress (Federal Advisory Committee on Juvenile Justice, 2010). This type of multi-system collaboration is likely to improve outcomes for children. For example, maltreated youth may have been exposed to violence or other trauma and thus may have mental health needs that sometimes go untreated by the juvenile justice system (Ford, Chapman, Hawke, & Albert, 2007). Preliminary findings suggest that interagency collaboration improves the likelihood that a child with a mental health problem will receive services (Chiodo, Leschied, Whitehead, & Hurley, 2008).

In 2010, key Los Angeles County Department of Children and Family Services (DCFS) staff members, involved in Los Angeles County's crossover project, along with staff from the Los Angeles County probation department, asked the NCCD Children's Research Center (CRC) to determine whether it was possible to develop an actuarial screening assessment to classify children receiving

ongoing child welfare services by their likelihood of subsequent delinquency. The impetus for the study was the county's desire to target delinquency prevention services to the highest-risk children in an effort to stem the flow of children from child welfare into the juvenile justice system. The study found that it is possible to classify youth in the child welfare system by their likelihood of future delinquency, and CRC developed an actuarial screening assessment for use in Los Angeles County (Bogie, Johnson, Erath, & Scharenbroch, 2011).

Upon the receipt of the CRC report "Assessing Risk of Future Delinquency Among Children Receiving Child Protection Services," Los Angeles County convened a planning group to design a model delinquency prevention pilot (DPP). The focus of this project was to identify and intensively treat maltreated youth *before* they enter the juvenile justice system. The overall goal of the project was to reduce the number of children who might progress from the child welfare system to delinquent or adult offending. Additionally, the project was designed to remediate the specialized needs of the youth and contribute to the likelihood of more positive education, mental health, and substance use outcomes.

In 2012, Los Angeles County became the first jurisdiction in the country to implement an actuarial risk assessment to identify children in the child protective system who are at high risk of delinquency and target youth for specialized delinquency prevention services in an effort to reduce the rates at which youth subsequently become involved in the juvenile justice system (see Appendix A for a copy of the screening assessment).

The county began a pilot of the delinquency screening assessment on October 5, 2012 in four offices in the county.⁴ Youth identified as high risk were then enrolled in the DPP and referred for comprehensive delinquency prevention services. This report describes a profile of youth who became

⁴ The four pilot offices are Compton, Glendora, Palmdale, and South County.

eligible for and participated in the DPP during the last quarter of 2012.⁵ It also describes baseline data that can be used to monitor implementation and for future program evaluation efforts.

II. BACKGROUND

In Los Angeles County, DCFS workers assess risk factors and service needs of families and children entering protective services and record their findings in a web-based system linked to administrative case information. DCFS workers use results from the risk and needs assessments to identify which families require child protective services and the type of services that can help reduce their likelihood of further involvement with CPS. Workers base various decisions on results of Structured Decision Making® (SDM) family strengths and needs, child strengths and needs, and the family assessment of future child abuse or neglect.

Results from the child protective services (CPS) administrative database and the SDM® assessments are then automatically combined into an actuarial delinquency prevention screening assessment that classifies youth as low, moderate, or high risk based on their likelihood of becoming delinquent. An online email notification is generated on a weekly basis to alert the child welfare manager that a youth is eligible for delinquency prevention services if a child is ages 10 to 18; at high risk of future delinquency; and has a substance abuse issue, educational deficits, delinquency behavior issues (that did not result in an arrest), and/or a mental health/behavioral issue.^{6, 7}

Once alerted, the designated office staff, supervising children's social worker (SCSW), and children's social worker (CSW) review the case and, unless a child and family team (CFT) meeting has

⁶ Child's age at time of child maltreatment referral to CPS.

⁷ When the screening assessment was implemented in October 2012, alerts were sent for all high-risk youth in the pilot offices who were ages 10 to 18 at the time of the CPS referral; due to the large number of children in this group, the alert system was changed in November 2012 to limit the alert to children who were classified as at high risk of subsequent delinquency and who had substance abuse, academic, delinquency, or mental health/behavioral needs (one or more of items R7 through R10 on the child strengths and needs assessment). The alert is generated from the SafeMeasures® reporting system.

already taken place, host a multi-disciplinary team meeting. CFT meetings include an array of participants based on the child's specific needs. The SCSW, CSW, youth, youth's family, and staff from other agencies that offer specialized substance abuse, mental health, educational, and/or delinquency prevention services are typical members of every team. Results from the CFT meeting are used to construct a case plan tailored to meet youth needs and develop solutions to the child's identified challenges.

A. Delinquency Prevention Screening Assessment

In 2011, CRC developed the SDM delinquency prevention screening assessment, an actuarial screening instrument that identifies youth served by DCFS who are at high risk of becoming delinquent. The assessment is based on a retrospective, longitudinal study of children who entered ongoing child welfare services following an investigation of child maltreatment. Risk factors for subsequent delinquency were observed for a standardized follow-up period, and results were used to construct an actuarial screening assessment that effectively classifies child maltreatment victims by the likelihood of future delinquency.

The screening assessment was based on a sample of 3,566 children ages 7 to 15 who 1) were subjects of a maltreatment investigation between April and December 2005 that led to an ongoing service case, and 2) had not "crossed over" into the probation department. Analysis was based on information available in the State of California Child Welfare System/Case Management System (CWS/CMS), a database of assessments completed for each child by child welfare staff, and Los Angeles County Probation Department offense history data.⁸ Subsequent arrests and adjudications in Los Angeles County were observed for a standardized three-year follow-up period (2006–2008) for each sample child. CRC tested bivariate relationships between family and child

⁸ Los Angeles probation department data were provided, with permission from Los Angeles County, by the University of Michigan.

characteristics and the outcomes and retained those with significant relationships for inclusion on the delinquency screening assessment.

The assessment consists of 10 items that bear a strong statistical relationship to delinquency. Most of these items are extracted from the risk and needs assessments routinely completed by child welfare staff as part of ongoing protective services.

B. Delinquency Prevention Services

Delinquency prevention services for youth are provided simultaneously with DCFS's child protective services. Youth are eligible to participate in delinquency prevention services as long as their family is receiving child welfare services from DCFS.

As part of the DPP, DCFS tracks additional data of particular importance to involved youth. These include the occurrence of a team meeting, engagement with a significant adult or other mentor, educational performance status (i.e., credits, attendance, suspensions, and graduation status), participation in extracurricular activities, participation in substance abuse and/or mental health treatment, mental health hospitalizations, new arrests, referrals to CPS, reunifications, and placement changes (if related to substance abuse) that occur while the youth participates in the pilot. Data recorded at the start of delinquency prevention services (i.e., baseline data) reflect the status of youth as they entered the DPP.⁹ In addition, DCFS will track progress every six months while the youth is participating in the pilot.¹⁰ Youth educational outcomes and their subsequent child welfare and

⁹ Baseline data include participation in a team meeting; significant relationships with adults; mentor relationships; school enrollment, attendance, and suspensions; involvement in extracurricular activities; and high school credits.

¹⁰ Six-month data include updates to the baseline measures as well as; graduation status; new arrests/citations; whether the youth is substance free; placement changes due to substance abuse; mental health treatment or hospitalization; and new CPS referrals, reunifications, or removals from a parental home. Six-month outcome data were not available for this report.

juvenile justice involvement can be used in future research to evaluate the DPP's effectiveness. Data are recorded in an Excel spreadsheet designed specifically for this effort.¹¹

There were 93 youth who met eligibility criteria and participated in the DPP during the report period.¹² Cases were nearly evenly split between the four pilot offices (Table 1).

Table 1		
Delinquency Prevention Pilot Number of Youth by Office		
Office	N	%
Compton	23	24.7%
Glendora	25	26.9%
Palmdale	23	24.7%
South County	22	23.7%
TOTAL	93	100.0%

¹¹ This report reflects the first database completed by workers for the DPP. The baseline data recorded should reflect youth status at the start of prevention services. However, discussion with the DPP team revealed that workers may have included information/events from the start of prevention services through the end of the data collection period. The time period for baseline data has been clarified and should be correct for subsequent reporting periods.

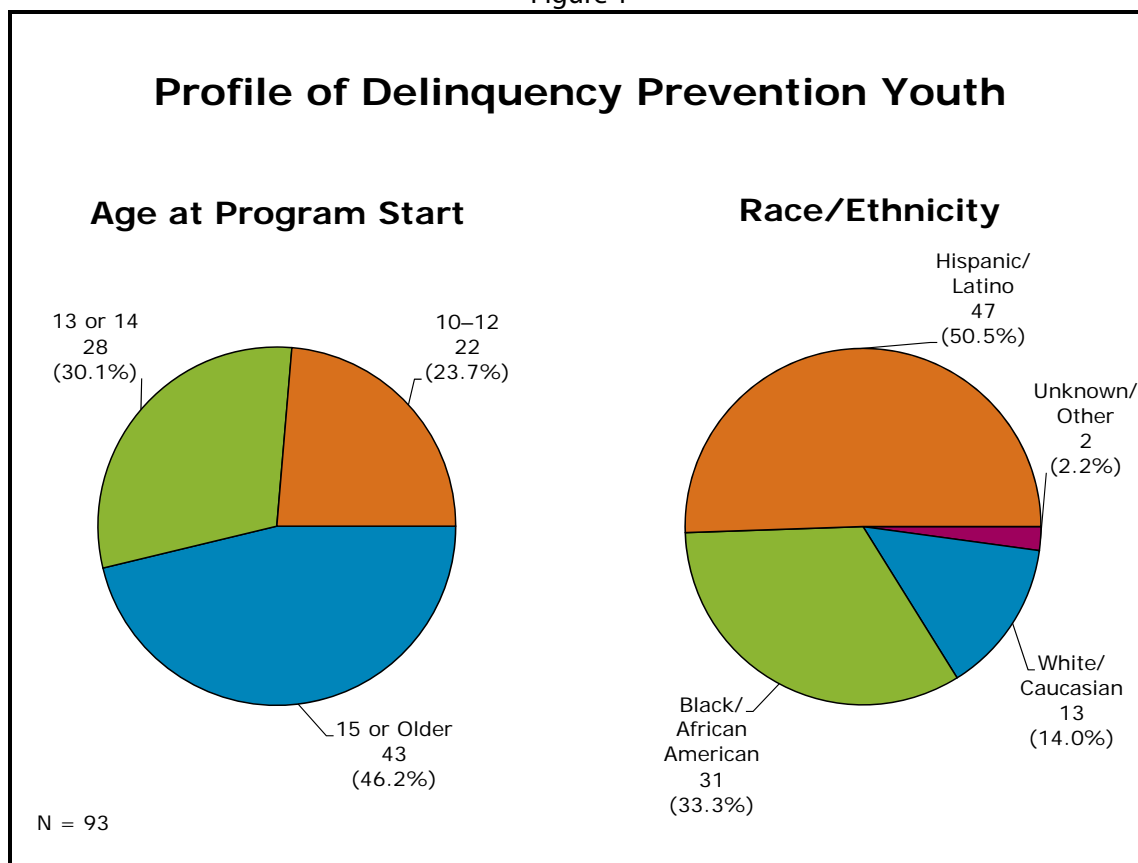
¹² In the four pilot offices, 372 children were screened for delinquency prevention services between October 5 and December 28, 2012. Alerts were created for 122 (32.8%) of those youth (i.e., youth at high risk of subsequent delinquency who met the criteria for delinquency prevention services). Of the 122 youth for whom an alert was sent, 102 were included in the delinquency prevention outcome database provided by Los Angeles County. Note that at the beginning of the pilot, issues arose related to youth who should not be included in the pilot; at that time, there was no way for workers to record why those youth were excluded (e.g., had a prior probation record or was no longer assigned to a pilot office). The database has been revised to address these issues when they arise in the future. Of the 102 youth who were identified via alert and were included in the Los Angeles database, six had ongoing cases that closed prior to the end of December 2012 and three were placed on probation prior to the current case opening. These nine youth were no longer eligible for delinquency prevention services and are therefore not included in this profile.

III. PROFILES

A. Youth Demographics

At the start of the delinquency services, 22 (23.7%) youth in the pilot were ages 10 to 12, 28 (30.1%) were ages 13 or 14, and 43 (46.2%) youth were age 15 or older. More than half (50.5%) of the youth were Hispanic/Latino, 31 (33.3%) were Black/African American, 13 (14.0%) were White/Caucasian, and two (2.2%) were other or unknown race/ethnicity.¹³ There were 56 (60.2%) male youth and 37 (39.8%) female. About 40% of youth were in out-of-home placement at the start of DP services (Figures 1–3).

Figure 1



¹³Based on the race code recorded in CWS/CMS.

Figure 2

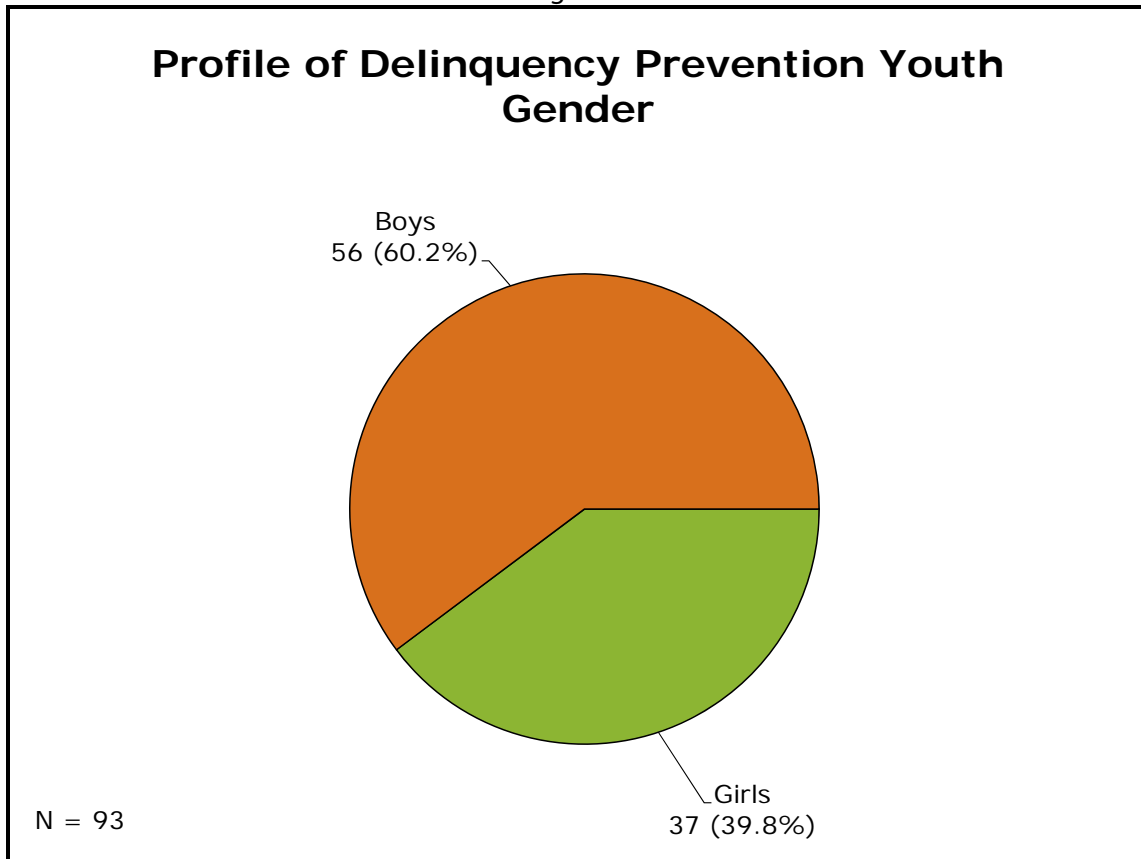
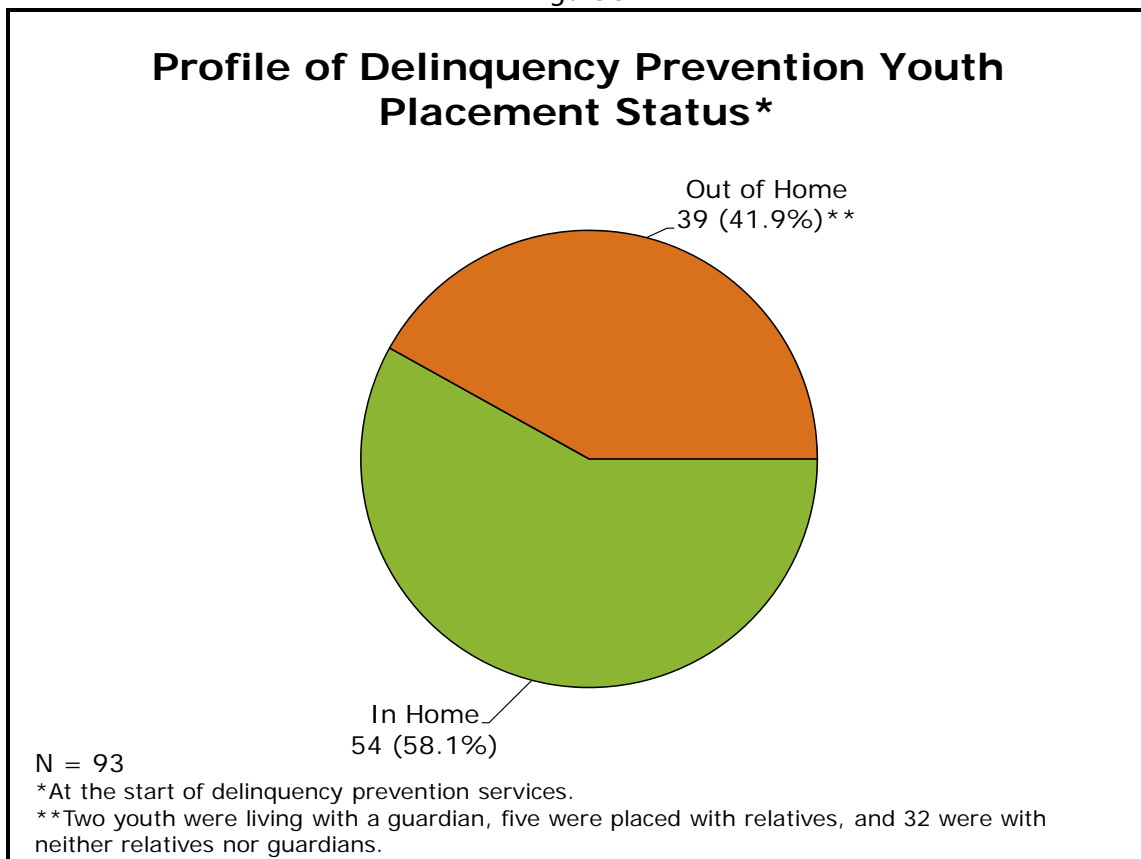


Figure 3



Most youth had siblings. More than half had an older sibling(s), and about three-fourths had a younger sibling(s). Most siblings were not living in out-of-home care at the time the youth started delinquency prevention services (Table 1).

Table 1 Profile of Delinquency Prevention Youth Siblings (N = 93)		
Item	Sample Distribution	
	N	%
Total Sample	93	100.0%
Number of Siblings		
None	8	8.6%
One or two	28	30.1%
Three or more	57	61.3%
Number of Older Siblings		
None or no siblings	39	41.9%
One or two	29	31.2%
Three or more	25	26.9%
Number of Younger Siblings		
None or no siblings	25	26.9%
One or two	44	47.3%
Three or more	24	25.8%
Number of Siblings in Placement		
None or no siblings	65	69.9%
One	11	11.8%
Two	6	6.5%
Three or more	11	11.8%

Nearly all children had a history with child welfare. About 95% were subjects of at least one prior investigation of child abuse or neglect, and more than half received child protective services prior to the investigation that led to the newly opened case and subsequent delinquency prevention services. About one-quarter of youth (or their siblings) had experienced physical injury due to abuse; fewer than 10% were in a group home; about one quarter had substance abuse issues; about a third of youth had a history of delinquent behaviors; just over 60% had education issues; and nearly two thirds of children (or their siblings) exhibited serious mental health issues (Table 2).

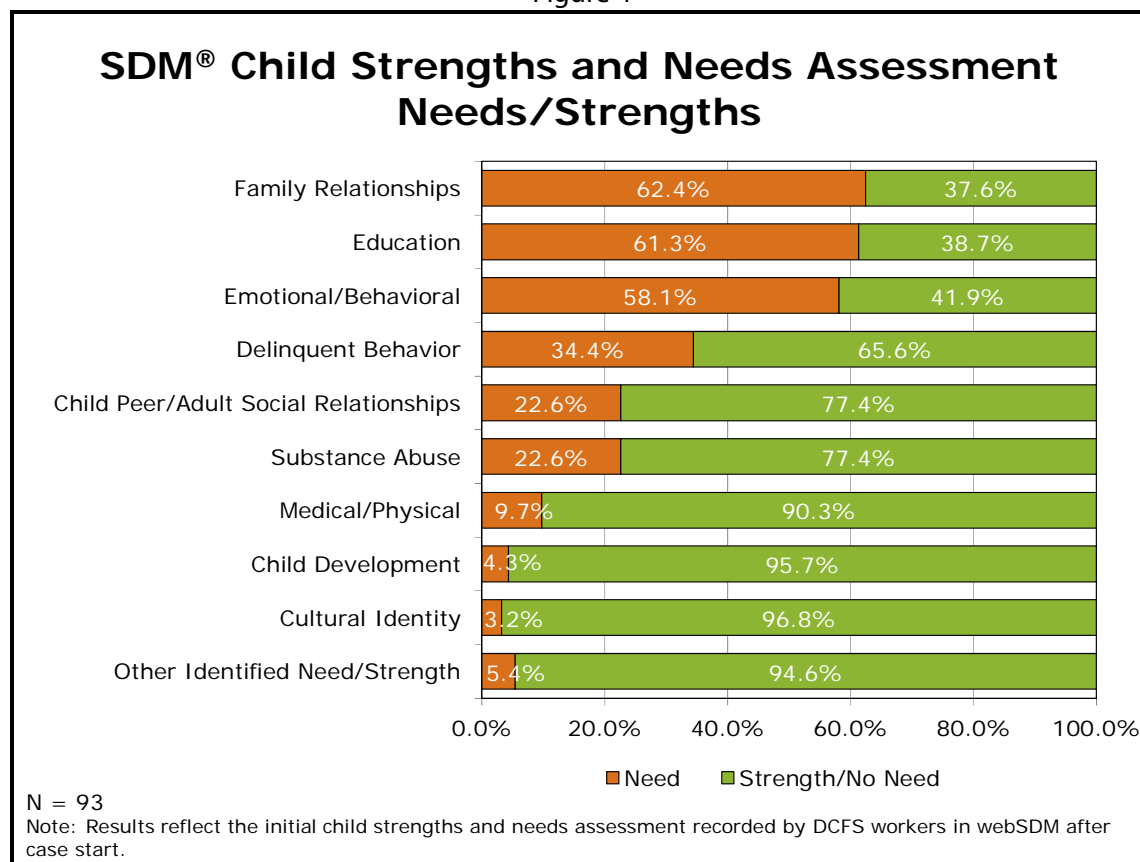
Table 2		
SDM® Delinquency Prevention Screening Assessment Item Results (N = 93)		
Item	Sample Distribution	
	N	%
Total Sample	93	100.0%
R1. Prior Investigations for Abuse or Neglect		
None	5	5.4%
One or two	29	31.2%
Three or more	59	63.4%
R2. Prior CPS Service Cases		
None	42	45.2%
One	25	26.9%
Two or more	26	28.0%
R3. Prior Physical Injury to a Child Resulting From Child Abuse/Neglect or Prior Substantiated Physical Abuse to a Child (any child in the home)		
No	70	75.3%
Yes	23	24.7%
R4. Child Was Placed in a Group Home as a Result of Current Investigation		
No	84	90.3%
Yes	9	9.7%
R5. Child Age at Time of CPS Referral		
10	3	3.2%
11 or 12	19	20.4%
13 or older	71	76.3%

Table 2 SDM® Delinquency Prevention Screening Assessment Item Results (N = 93)		
Item	Sample Distribution	
	N	%
Total Sample	93	100.0%
R6. Child Gender		
Female	37	39.8%
Male	56	60.2%
R7. Child Substance Use/Abuse		
No	72	77.4%
Yes	21	22.6%
R8. Child Academic Difficulty		
No	36	38.7%
Yes	57	61.3%
R9. Child Past/Current Delinquency		
No	61	65.6%
Yes	32	34.4%
R10. Child Mental Health/Behavioral Issue (any child in the home) ¹⁴		
No	31	33.3%
Yes	62	66.7%

¹⁴ Item R10 reflects the SDM family risk assessment item score and represents mental health/behavioral issues of *any* child in the household; therefore, the number of children with this item marked does not match the number of children with identified mental health/behavioral issues on the child strengths and needs assessment.

Most youth were experiencing problems with family relationships, had educational deficits, and/or exhibited emotional or behavioral limitations. Nearly all youth had strong connections to cultural identity, were on target developmentally, and/or had no medical and/or physical health issues (Figure 4). See Appendix B for additional child strengths and needs details.¹⁵

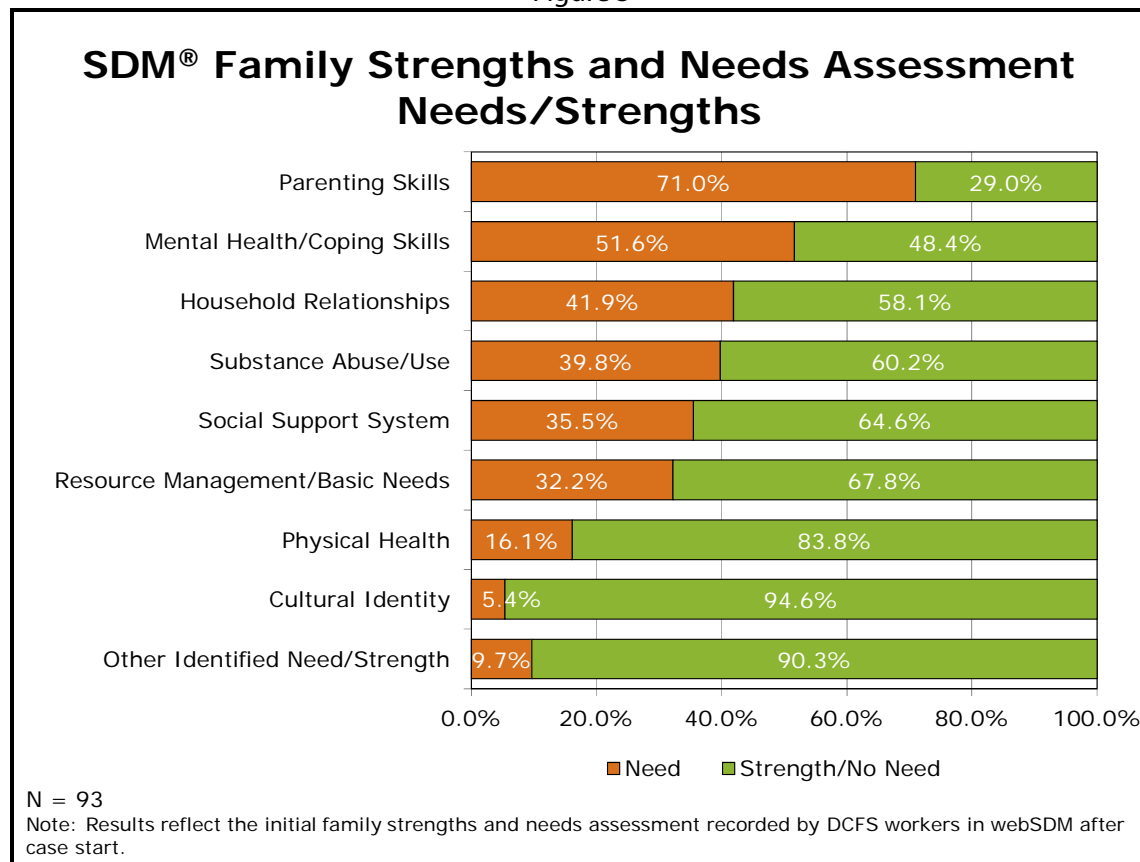
Figure 4



¹⁵ DCFS staff assess every child's strengths and needs in all open child protective service cases. Child needs are addressed in the family case plan.

The issues that were evident in children’s families are illustrated below.¹⁶ Parenting skills in more than two thirds of families were inadequate or destructive, and caregivers in about half of families were struggling with mental health issues. Caregivers for about 40% of participants had household relationship problems, alcohol or drug issues, and/or limited social support. Caregivers in one third of families had insufficient resources and/or resource management issues. Physical health was an issue in less than 20% of participants’ families (Figure 5). See Appendix B for additional family strengths and needs assessment item details.

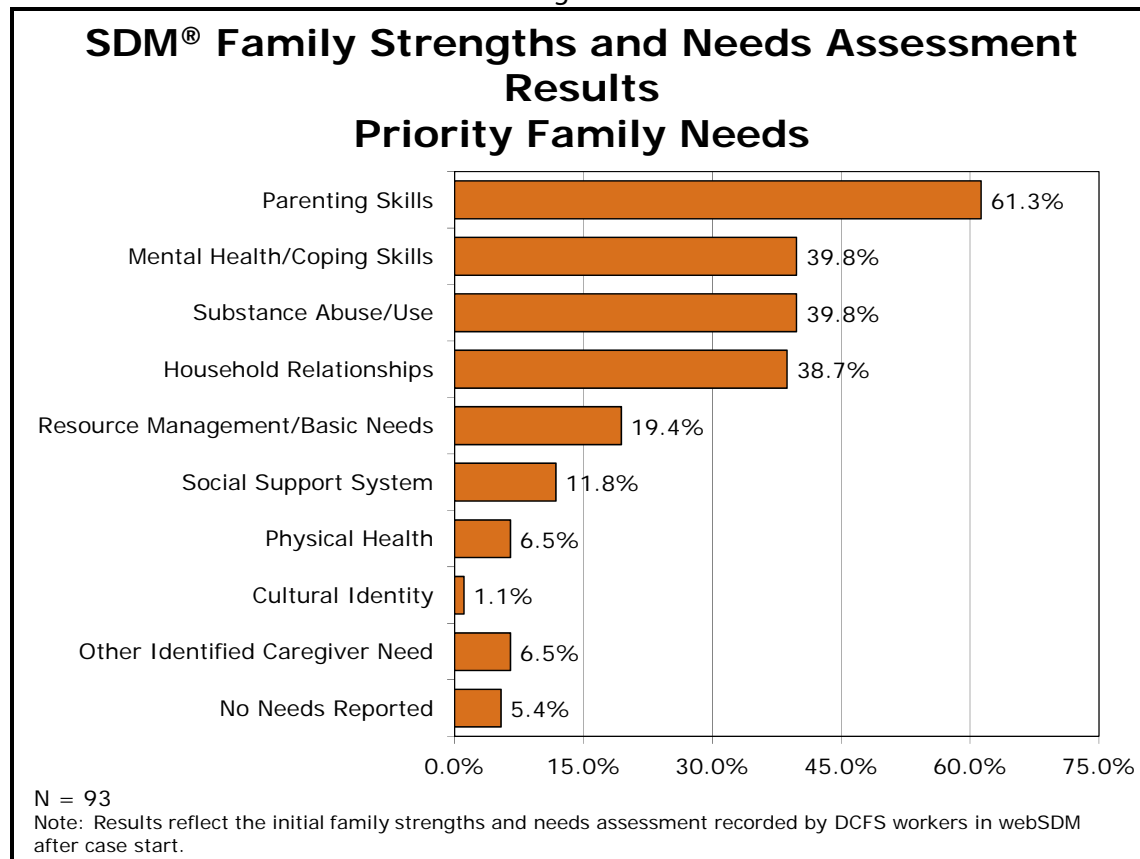
Figure 5



¹⁶ DCFS staff assess family strengths and needs in all open child protective service cases. Family needs are addressed in the CPS family case plan.

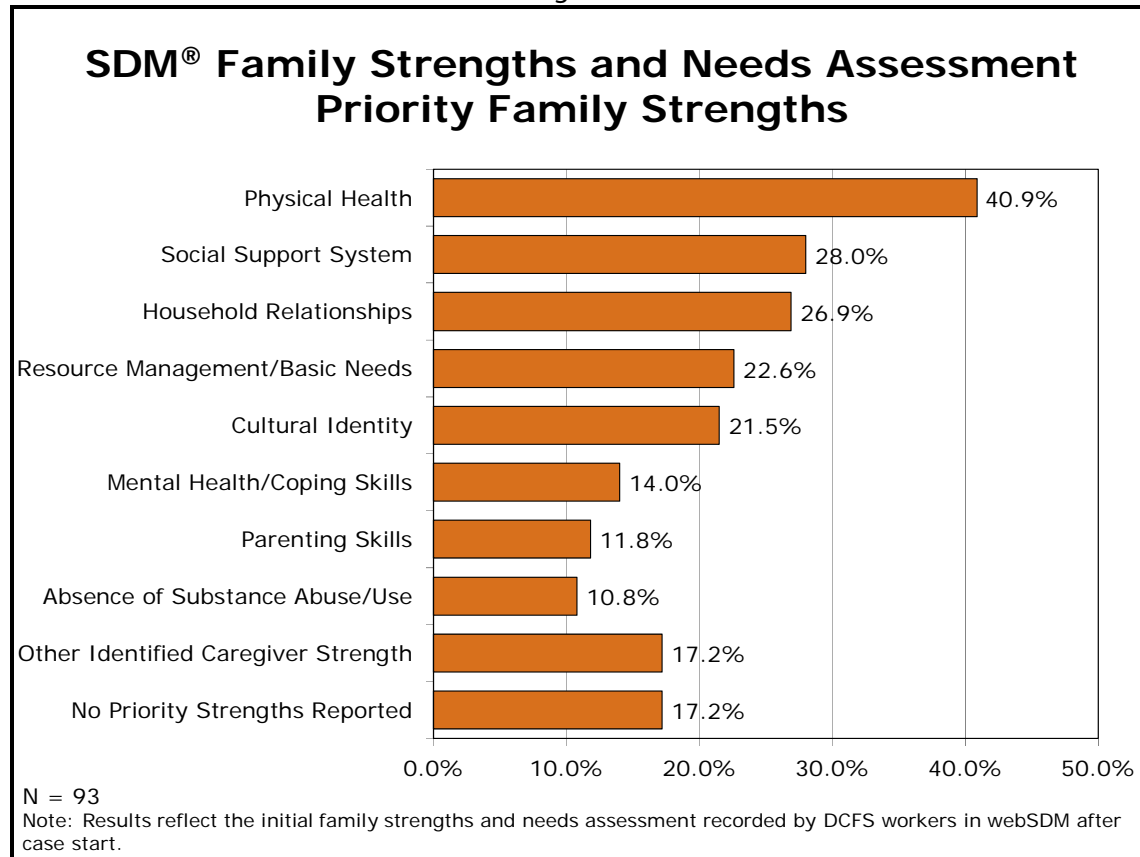
Parents were most often working toward improving parenting skills, developing better mental health/coping skills, and/or dealing with substance abuse issues.

Figure 6



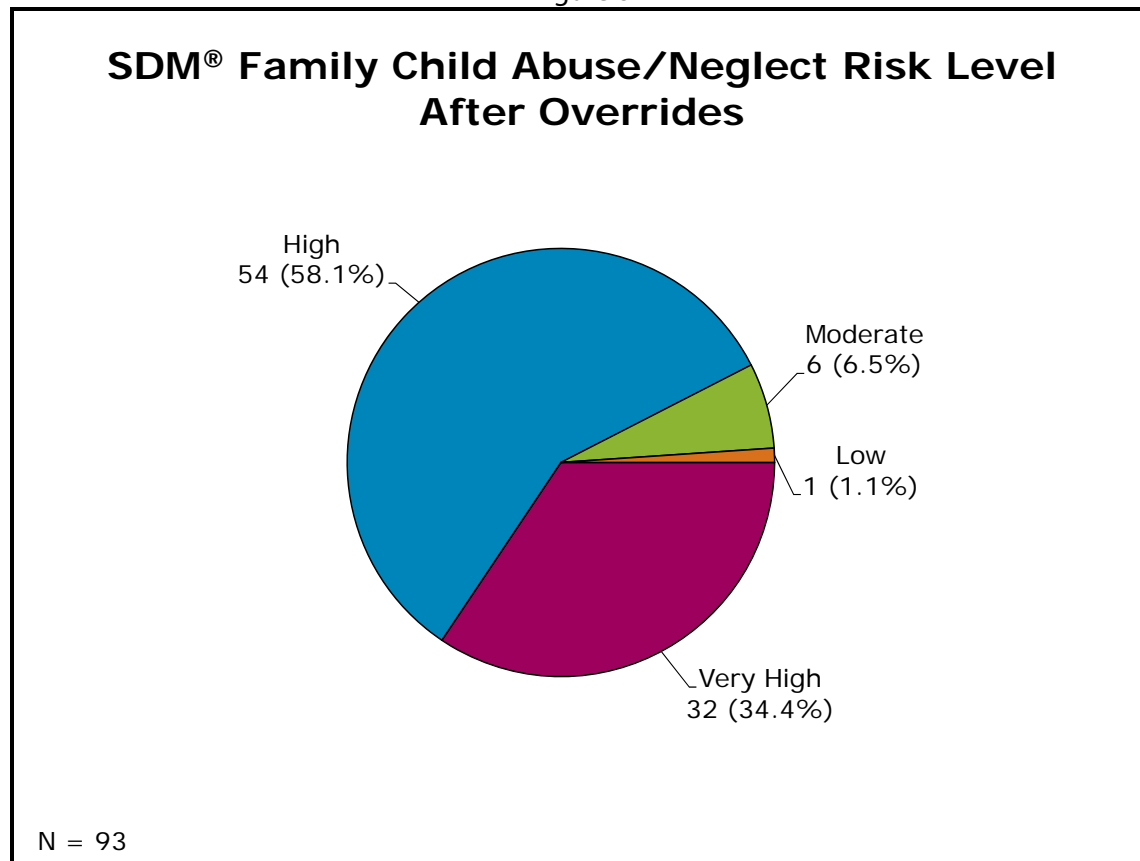
Parental strengths most often relied upon to achieve child welfare case plan goals were physical health, social support, and household relationships (Figure 7).

Figure 7



Most youth's families were at high or very high risk of becoming involved with child protective services in the future, which supports findings from the delinquency prevention screening assessment study that indicate children from high-risk families are more likely to become involved in the juvenile justice system (Bogie, Johnson, Ereth, & Scharenbroch, 2011).¹⁷ Family risk assessment item details are provided in Appendix C.

Figure 8



¹⁷ DCFS assesses every family investigated for child maltreatment for risk of subsequent abuse or neglect. The family risk level is used by DCFS workers to determine which families are most likely to be reported for another incident of child abuse or neglect and which families may benefit most from ongoing services. Some of the items on the delinquency prevention screening assessment also appear on the family risk assessment; however, the family risk level differs from the child's risk of subsequent delinquency, which is measured by the delinquency prevention screening assessment.

B. Baseline Information

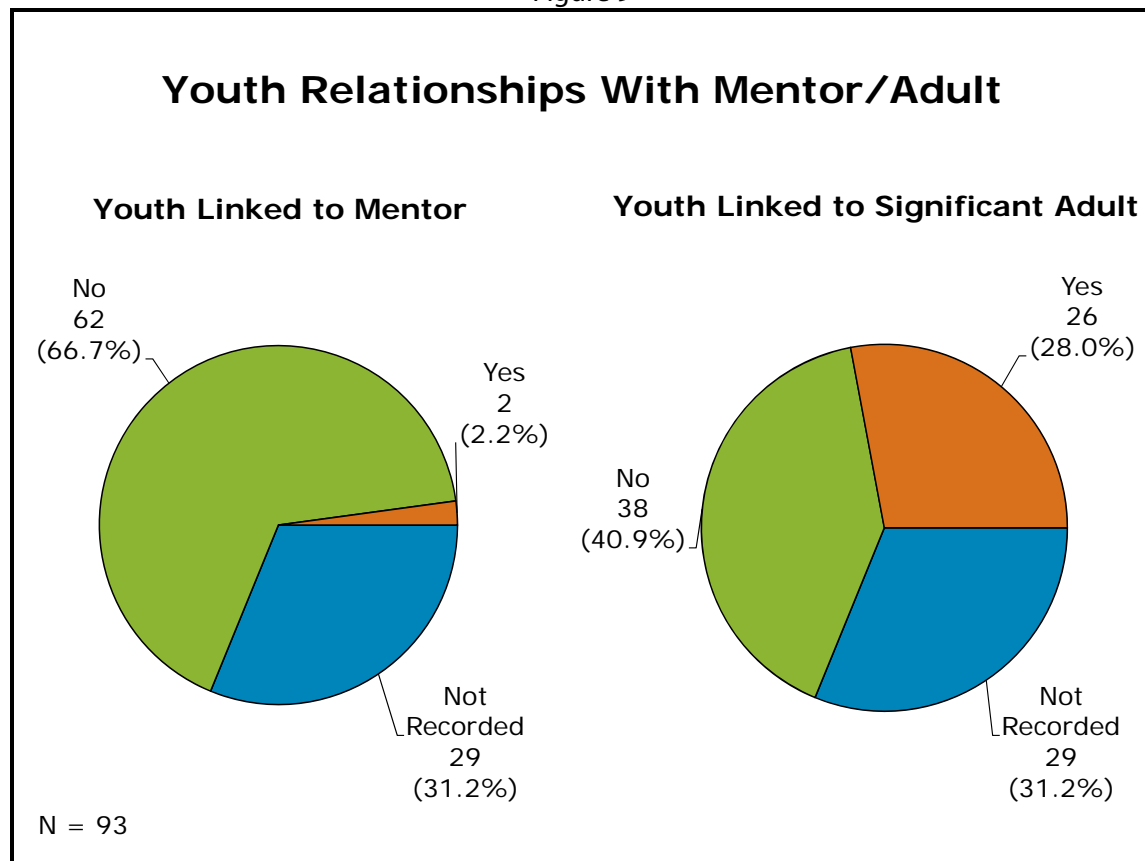
1. Mentor/Adult Relationships

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has reviewed numerous research studies and found that mentoring can effectively prevent at-risk youth from becoming involved in delinquency; strong mentoring relationships have been shown to improve youth self-esteem, behavior, and academic performance.¹⁸ Therefore, DCFS works to identify and engage each youth with a mentor who is a positive adult/peer role model within his/her extended family or from another community partner agency. DCFS anticipates that mentors will serve as friends, supports, and advocates for these youth as they attempt to address problems within their families and their communities.

¹⁸ For more, visit www.ojjdp.gov/programs/mentoring.html.

At the time of service provision, few children had been linked to a mentor and about one fourth had been linked to a significant adult. Information was missing or not recorded for almost one third of youth (Figure 9).

Figure 9



2. Education

Education and extracurricular activity participation information are collected at pilot start and at specified intervals during program participation. DCFS workers contact the youth's school to get attendance, enrollment, credit accrual, and whether the youth has been suspended from school for disciplinary reasons. These data elements are entered into the delinquency prevention database. Youth grade level is recorded by DCFS staff in CWS/CMS.

Data related to attendance/enrollment, suspensions, high school credits earned, and grade level were missing or not recorded in the DPP database or CWS/CMS for more than half of the youth in the pilot. For example, grade level was recorded for only 12 (14.8%) youth. Participation in extracurricular activities was missing for about one third of youth (Table 3).

Table 3		
Education and Extracurricular Activities Baseline Data Record Status (N = 93)		
Item	Sample Distribution	
	N	%
Total Sample	93	100.0%
Attendance/Enrollment In Most Recent Term		
Not recorded	79	84.9%
Recorded	14	15.1%
Youth Suspended in Most Recent Term		
No	40	43.0%
Yes	6	6.5%
Not recorded/Unknown/NA	47	50.5%
High School Credits Earned During Most Recent Term		
Recorded (ranged from 0 to 100)	7	7.5%
Missing/NA	86	92.5%
Education Record in CWS/CMS		
No	12	12.9%
Yes	81	87.1%
Grade Level Recorded in CWS/CMS (n = 81)		
No	69	85.2%
Yes	12	14.8%
Youth Participated in Sports or Extracurricular Activities During Most Recent Term		
No	50	53.8%
Yes	11	11.8%
Missing/NA	32	34.4%

IV. SUMMARY AND RECOMMENDATIONS

Los Angeles DCFS launched the DPP in the fall of 2012 to focus more attention on youth at high risk of entering the juvenile justice system. Specifically, the project was designed to identify delinquency risk factors for youth in newly opened CPS cases early on so that their needs could be addressed with intensive and collaborative solution-focused planning and implementation. The overall goal of this pilot was to reduce the number of youth within the CPS system who become delinquents. DCFS anticipates that this innovative approach will also produce positive outcomes for high-risk youth and their families.

In an effort to track and monitor the effectiveness of early, focused, intensive interventions with high-risk youth, DCFS created a standalone database to gather information on interim outcomes that could be expected to improve as a result of DCFS's engagement with these youth and their families.

This is the first report to describe youth participating in the DPP initiative, and it raises some issues related to program implementation and data collection. Some of the issues have been resolved, and practices adopted by pilot office staff as a result will help the program achieve its short- and long-term goals. However, other areas continue to be challenges for the pilot.

Based on examination of the delinquency prevention criteria and alerts, CWS/CMS, the pilot's Excel data, and issues raised during DPP team phone calls, CRC recommends that the county develop plans to address these issues and ensure that the issues and solutions are shared with all staff involved in the pilot. Following are the issues and recommended solutions.

- Issue: The DPP process was not consistently implemented for all children who met high-risk criteria. For example, all children who meet criteria should be offered services. As described in the report, 102 of 122 youth who met eligibility criteria entered the pilot (i.e., were entered into the DCFS DPP database), but DPP records were not available for the other 20. It is possible that those youth transferred out of a pilot office prior to DPP start, or that they were omitted from the pilot for another reason.

Recommendation: Carefully monitor the number of youth assigned to the program to ensure that all eligible youth are enrolled.¹⁹ Additionally, all youth for whom the county receives an alert should be placed in the DCFS database; if the youth is no longer eligible for participation, the SCSW or CSW should note the reason in the comments section.

- Issue: Data entered into the Excel spreadsheet were not consistent. In many instances, data were not recorded. The absence of some critical data, such as school information and CFT meeting status, will make it difficult to ascertain whether program procedures (e.g., a CFT meeting) are being followed or if the intensive, collaborative interventions (e.g., education, substance abuse, and/or mental health treatment) are resulting in improvement in outcomes for youth, either on a short- or long-term basis. Workers have reported that it is difficult to obtain some of the information in a timely manner and on a regular basis (e.g., education outcomes).

Recommendation: Establish reliable data-recording processes and procedures to ensure that data are systematically collected and entered into CWS/CMS and the Excel spreadsheet.

- Issue: Examination of delinquency screening criteria indicated that the formula used to generate alerts did not accurately score each youth's prior CPS history—specifically, item R1, prior investigations. This resulted in over-counting prior history and, in some cases, resulted in a high-risk classification when the youth should have been classified as moderate risk.²⁰ The formula was corrected at the beginning of April 2013.

Recommendation: CRC will provide a list of all DPP youth whose risk levels were affected by the prior history over-count prior to the April correction. The DPP team should determine whether to continue delinquency prevention services and outcome tracking for the affected youth.

Future efforts should focus on conducting a process and impact evaluation of this pilot to determine whether the DPP process was implemented with fidelity, including the gathering of pertinent outcome data and whether the pilot initiative improved outcomes for children and their families. The evaluation should also include a screening assessment validation to help ensure that it accurately classifies children served by DCFS by their likelihood of future delinquency. Los Angeles County and CRC have already applied to external funding sources for support of a DPP evaluation,

¹⁹ The original intent of the DPP was to accept high-risk youth ages 10 to 18; however, during the first few weeks of implementation, the number of children eligible for pilot participation was higher than expected. Therefore, the county narrowed its focus to serve children who had educational, past delinquency, or substance abuse issues.

²⁰ Of the 93 youth included in this profile report, 12 would have been classified as moderate risk if the prior history variable (R1) had been counted properly. The analysis includes only youth who entered the pilot between October 7 and December 28, 2012; there may be other youth who entered the pilot after that date who should have had a moderate-risk classification.

with a short-term focus on improved outcomes for high-risk youth in four areas: education, mental health, substance use, and non-deviant behaviors. CRC and DCFS hope to examine the long-term outcomes, including changes in delinquency rates for CPS-involved children, a few years after implementation.

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Appendix A

SDM® Delinquency Screening Assessment

LOS ANGELES COUNTY
SDM® DELINQUENCY SCREENING ASSESSMENT

c: 07/11

Child Name: _____

Client ID: _____

Referral ID: _____

Referral Date: ____/____/____

R1.	Prior investigation(s) for abuse or neglect		
a.	None	0	
b.	One or two.....	1	
c.	Three or more	2	
R2.	Prior CPS services		
a.	None	0	
b.	One	1	
c.	Two or more	2	
R3.	Prior injury to any child in the home resulting from child abuse/neglect		
a.	No.....	0	
b.	Yes	1	
	If yes:		
	<input type="checkbox"/> Child being assessed <input type="checkbox"/> Another child in the home		
R4.	Child was placed in a group home as a result of investigation that led to current case		
a.	No.....	0	
b.	Yes	1	
R5.	Child age at time of CPS referral that led to current case		
a.	7 to 10.....	-1	
b.	11 or 12	0	
c.	13 or older	1	
R6.	Child gender		
a.	Female	0	
b.	Male	1	
R7.	Child substance use/abuse		
a.	No.....	0	
b.	Yes	1	
R8.	Child academic difficulty		
a.	No.....	0	
b.	Yes	1	
R9.	Child past or current delinquency		
a.	No.....	0	
b.	Yes	1	
R10.	Child mental health/behavioral issue (any child in the home)		
a.	No.....	0	
b.	Yes	1	
	If yes:		
	<input type="checkbox"/> Child being assessed <input type="checkbox"/> Another child in the home		

Total: _____

Scored Risk Level

- 1 to 1 ☐ Low
2 to 4 ☐ Moderate
5+ ☐ High

**Preliminary research only. Not to be used without consultation and authorization of
NCCD Children's Research Center.**

Appendix B

Child Strengths and Needs Assessment Item Responses Family Strengths and Needs Assessment Item Responses

Table B1 SDM® Child Strengths and Needs Assessment Item Scores* (N = 93)		
Item	N	%
Emotional/Behavioral		
Strong emotional adjustment	3	3.2%
Adequate emotional adjustment	36	38.7%
Limited emotional adjustment	43	46.2%
Severely limited emotional adjustment	11	11.8%
Physical Health/Disability		
Good health	13	14.0%
Adequate health	71	76.3%
Minor health/disability needs	7	7.5%
Serious health/disability needs	2	2.2%
Education		
Outstanding academic achievement	2	2.2%
Satisfactory academic achievement	34	36.6%
Academic difficulty	46	49.5%
Severe academic difficulty	11	11.8%
Family Relationships		
Nurturing/supportive relationships	6	6.5%
Adequate relationships	29	31.2%
Strained relationships	48	51.6%
Harmful relationships	10	10.8%
Child Development		
Advanced development	0	0.0%
Age-appropriate development	89	95.7%
Limited development	3	3.2%
Severely limited development	1	1.1%
Substance Abuse		
Chooses drug-free lifestyle	5	5.4%
No use/experimentation	67	72.0%
Alcohol or other drug use	21	22.6%
Chronic alcohol or other drug use	0	0.0%

Table B1 SDM® Child Strengths and Needs Assessment Item Scores* (N = 93)		
Item	N	%
Cultural Identity		
Cultural component supportive and no conflict present	9	9.7%
No cultural component that supports or causes conflict	81	87.1%
Cultural component that causes some conflict	3	3.2%
Cultural component that causes significant conflict	0	0.0%
Peer/Adult Social Relationships		
Strong social relationships	1	1.1%
Adequate social relationships	71	76.3%
Limited social relationships	18	19.4%
Poor social relationships	3	3.2%
Delinquent Behavior		
Preventive activities	1	1.1%
No delinquent behavior	60	64.5%
Occasional delinquent behavior	26	28.0%
Significant delinquent behavior	6	6.5%
Identified Child Strength/Need Not Covered in Other Items		
Significant strength	1	1.1%
Not applicable	87	93.5%
Minor need	4	4.3%
Significant need	1	1.1%

*Based on child strengths and needs assessment completed by DCFS worker at start of CPS case service.

Table B2		
SDM® Family Strengths and Needs Assessment Item Scores* (N = 93)		
Item	N	%
Substance Abuse/Use		
Teaches and demonstrates a healthy understanding of alcohol and drugs	6	6.5%
Alcohol or prescribed drug use	50	53.8%
Alcohol or drug abuse	23	24.7%
Alcohol or drug dependency	14	15.1%
Household Relationships		
Supportive	9	9.7%
Minor/occasional discord	45	48.4%
Frequent discord	28	30.1%
Chronic discord	11	11.8%
Social Support System		
Strong support system	10	10.8%
Adequate support system	50	53.8%
Limited support system	31	33.3%
No support system	2	2.2%
Parenting Skills		
Strong skills	0	0.0%
Adequately parents and protects children	27	29.0%
Inadequately parents and protects children	50	53.8%
Destructive/abusive parenting	16	17.2%
Mental Health/Coping Skills		
Strong coping skills	0	0.0%
Adequate coping skills	45	48.4%
Mild to moderate symptoms	39	41.9%
Chronic/severe symptoms	9	9.7%
Resource Management/Basic Needs		
Resources sufficient to meet basic needs and are adequately managed	8	8.6%
Resources are limited but are adequately managed	55	59.1%
Resources are insufficient or not well managed	23	24.7%
No resources, or resources severely limited and/or mismanaged	7	7.5%

Table B2		
SDM® Family Strengths and Needs Assessment Item Scores* (N = 93)		
Item	N	%
Cultural Identity		
Cultural component supportive and no conflict present	10	10.8%
No cultural component that supports or causes conflict	78	83.9%
Cultural component that causes some conflict	5	5.4%
Cultural component that causes significant conflict	0	0.0%
Physical Health		
Preventive health care is practiced	11	11.8%
Health issues do not affect family functioning	67	72.0%
Health concerns/handicaps affect family functioning	11	11.8%
Serious health concerns/handicaps result in inability to provide care for child	4	4.3%
Identified Caregiver Strength/Need Not Covered in Other Items		
Significant strength	3	3.2%
Not applicable	81	87.1%
Minor need	6	6.5%
Significant need	3	3.2%

*Based on family strengths and needs assessment completed by DCFS worker at start of CPS case service.

Appendix C

Family Risk of Future Child Maltreatment Item Responses

Table C1		
SDM® Family Risk Assessment Item Scores* (N = 93)		
Neglect Scale Item	N	%
N1. Current Complaint Is for Neglect		
No	32	34.4%
Yes	61	65.6%
N2. Prior Investigations		
None	8	8.6%
One or more, abuse only	8	8.6%
One or two for neglect	34	36.6%
Three or more for neglect	43	46.2%
N3. Household Has Previously Received CPS		
No	50	53.8%
Yes	43	46.2%
N4. Number of Children Involved in CA/N Incident		
One, two, or three	60	64.5%
Four or more	33	35.5%
N5. Age of Youngest Child in the Home		
2 or older	87	93.5%
Under 2	6	6.5%
N6. Characteristics of Children in Household		
Not applicable	25	26.9%
One or more present	68	73.1%
Developmental, learning, or physical disability	11	11.8
Developmental	6	6.5%
Learning	9	9.7%
Physical	0	0.0%
Medically fragile or failure to thrive	3	3.2%
Mental health or behavioral problem	62	66.7%
N7. Primary Caregiver Provides Physical Care Inconsistent With Child Needs		
No	72	77.4%
Yes	21	22.6%
N8. Primary Caregiver Has a History of Abuse or Neglect as a Child		
No	68	73.1%
Yes	25	26.9%

Table C1		
SDM® Family Risk Assessment Item Scores*		
(N = 93)		
Neglect Scale Item	N	%
N9. Primary Caregiver Has/Had a Mental Health Problem		
No	73	78.5%
Yes	20	21.5%
N10. Primary Caregiver Has/Had an Alcohol and/or Drug Problem		
None/not applicable	61	65.6%
One or more apply	32	34.4%
Alcohol, last 12 months	11	11.8%
Alcohol, prior to the last 12 months	4	4.3%
Drugs, last 12 months	13	14.0%
Drugs, prior to the last 12 months	15	16.1%
N11. Primary Caregiver Has Criminal Arrest History		
No	46	49.5
Yes	47	50.5
N12. Current Housing		
Not applicable	85	91.4%
One or more apply	8	8.6%
Physically unsafe	2	2.2%
Family homeless	6	6.5%

*Based on risk assessment completed by DCFS worker during child abuse/neglect investigation.

Table C2		
SDM® Family Risk Assessment Item Scores* (N = 93)		
Abuse Scale Item	N	%
A1. Current Report Is for Physical Abuse		
No	51	54.8%
Yes	42	45.2%
A2. Number of Prior Abuse Investigations		
None	8	8.6%
One or more, neglect only	15	16.1%
One for abuse	22	23.7%
Two or more for abuse	48	51.6%
A3. Household Has Previously Received CPS		
No	50	53.8%
Yes	43	46.2%
A4. Prior Physical Injury to a Child Resulting From CA/N or Prior Substantiated Physical Abuse to a Child		
None/not applicable	70	75.3%
One or more apply	23	24.7%
Prior physical injury to a child resulting from CA/N	7	7.5%
Prior substantiated physical abuse of a child	18	19.4%
A5. Number of Children Involved in the Child Abuse/Neglect Incident		
One, two, or three	60	64.5%
Four or more	33	35.5%
A6. Characteristics of Children in Household		
Not applicable	27	29.0%
One or more present	66	71.0%
Delinquency history	13	14.0%
Developmental disability	6	6.5%
Learning disability	7	7.5%
Mental health or behavioral problem	57	61.3%
A7. Two or More Incidents of Domestic Violence in the Household in the Past Year		
No	79	84.9%
Yes	14	15.1%

Table C2		
SDM® Family Risk Assessment Item Scores*		
(N = 93)		
Abuse Scale Item	N	%
A8. Primary Caregiver Employs Excessive/Inappropriate Discipline		
No	70	75.3%
Yes	23	24.7%
A9. Primary Caregiver Is Domineering		
No	82	88.2%
Yes	11	11.8%
A10. Primary Caregiver Has a History of Abuse or Neglect as a Child		
No	71	76.3%
Yes	22	23.7%
A11. Primary Caregiver Has/Had a Mental Health Problem		
No	74	79.6%
One or more apply	19	20.4%
During the last 12 months	14	15.1%
Prior to the last 12 months	10	10.8%

*Based on risk assessment completed by DCFS worker during child abuse/neglect investigation.